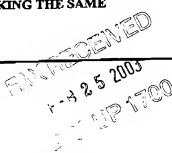
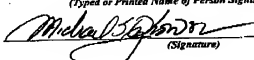



OFFICIAL

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 121027-003 (new)
Applicant(s): Satoru TANGE et al.			
Serial No. 09/821,130	Filing Date March 29, 2001	Examiner John Guarriello	Group Art Unit 1771
Invention: COMPOSITE SHEET AND PROCESS FOR MAKING THE SAME			
			
I hereby certify that this <u>Amendment</u> <small>(Identify type of correspondence)</small>			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9310</u>)			
on <u>February 24, 2003</u> <small>(Date)</small>			
<u>Michael S. Gzybowski, Reg. No. 32,816</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small>			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 121027-003 (new)	
Applicant(s): Satoru TANGE et al.					
Serial No. 09/821,230	Filing Date March 29, 2001	Examiner John Guarriello	Group Art Unit 1771		
Invention: COMPOSITE SHEET AND PROCESS FOR MAKING THE SAME					
TO THE ASSISTANT COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2136 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;"> Dated: February 24, 2003 </div> </div> <div style="margin-top: 10px;">  <div style="text-align: center; margin-left: 100px;"> <i>Signature</i> </div> </div>					
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <i>Signature of Person Mailing Correspondence</i> </div> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 5px;"> <i>Typed or Printed Name of Person Mailing Correspondence</i> </div> </div>					

cc: